State of Louisiana
Department of Health and Hospitals
Office of Public Health

COMMUNITY CONTAINMENT AND MITIGATION GUIDANCE FOR PANDEMIC INFLUENZA RESPONSE

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I. Overview of the Community Mitigation Guidance

The Louisiana Department of Health and Hospitals (DHH) Office of Public Health (OPH) considers the use of antiviral medications as one component of a comprehensive containment and treatment plan to assist in the control of an outbreak of a novel influenza virus, such as the 2009 H1N1 influenza virus ("swine flu"). While clinical recommendations[i],[ii],[iii] are used regarding interventions for pharmaceutical prophylaxis and treatment as well as the identification of vulnerable populations[iv],[v],[vi],[vii],[viii], this Community Containment and Mitigation Guidance directly addresses non-pharmaceutical intervention strategies for Louisiana.

Pandemic influenza is a unique public health emergency and potential community disaster. It is considered a highly probable - if not inevitable - event that no one can forecast regarding timing or severity. Most experts agree that there will be one to six months between identification of a novel virus and widespread outbreaks in the United States. Outbreaks will occur simultaneously, and the effect on individual communities will last from six to eight weeks or more. Some industries could expect up to 40% absenteeism during this period.

Pandemic influenza has the potential of affecting all elements of society. A large number of cases will add burden to hospitals and other health care systems already stressed with the normal day to day crises. Mortality is usually markedly increased. Health and medical personnel as well as other infrastructure workers, i.e. law enforcement, fire, public works, will not be immune. The effects on Louisiana communities could be staggering. This Containment Guidance has been abstracted from multiple State level plans, including the State plans for isolation and quarantine, clinical guidelines, and the Louisiana Pandemic Influenza Guidance.

Mission

The State of Louisiana does not have the resources (facilities, equipment, supplies, staffing) to independently establish "alternative" care sites or triage centers during a pandemic. However, we recognize that these sites will be critical in the effective response to a pandemic. In addition, many communities within Louisiana have elected to organize collaboratively. Regional Offices of Public Heath enter as a partner, and establish triage centers in the event of a pandemic. Planning for Community-based alternative care centers is ongoing, and can be found in draft format in individual regional Pandemic influenza community plans. This Community Containment and Mitigation Guidance provides recommendations and activities for preparedness, response, and recovery, all directed at mitigating the impact of pandemic influenza to Louisiana.

Concept of Operations

This Containment and Mitigation Guidance is created with a cooperative management concept. While the State Health Officer (SHO) or designee is the single point of contact to obtain and disseminate key medical-related information, many of the other requirements of the program are supported by other State agencies at various stages of the pandemic. Planning, emergency management, prevention, preparedness, response, recovery, and mitigation discussions are facilitated by DHH OPH and subject matter experts are utilized for relevant contributions.

II. Command and Control

National Incident Management

This Community Containment and Mitigation Guidance is compatible with the State of Louisiana Emergency Operations Plan[ix]. Further, it is compliant with National Response Framework[x], which requires the organization of response according to the National Incident Management System (NIMS). Operations are conducted using the Incident Command System (ICS).

During an emergency or disaster, some administrative procedures may be suspended, relaxed, or made optional. Such action will be carefully considered, and the consequences should be projected realistically. Departures from usual guidelines will be stated in the Governor's State of Emergency Order and in emergency plans or guidelines.

Lead Agency

DHH OPH[xi] is the lead agency in the 2009 H1N1 Influenza Response within Louisiana. Any meetings and exercises, however, also contribute to the success of the State plans and training programs in that they ensure a variety of educational opportunities are available for the Antiviral Framework 2009 H1N1 Influenza Response topics.

The State Health Officer (SHO) holds the ultimate health authority in Louisiana to declare and cease a Public Health Emergency. The SHO will reduce or cease a public health emergency, and any subsequent actions, restrictions, re-openings, or guidance based on the Pandemic Severity Index and guidance from the Centers for Disease Control and Prevention. The SHO is supported by the Assistant Secretary for the Office of Public Health, and five Center directors in the Office of Public Health. These partners would assume the temporary responsibilities of the SHO if he/she was unable to perform due to illness, etc.

Roles and Responsibilities

With interactive support between the various levels of government, efficiencies of scale can be more easily met. Specific roles and responsibilities are inherent within each jurisdiction, with a general overview of those support functions listed here specifically for the Community Containment and Mitigation Guidance.

Department of Health and Hospitals (DHH)

- The DHH will provide medical intelligence from the State Health Officer, State Epidemiologist, Regional Medical Directors and other public health professionals.

DHH Office of Public Health (DHH OPH)

- DHH OPH will ensure that educational reminders are distributed to all DHH staff

regarding appropriate hygiene/infection control measures, influenza-like illness absences from work, and expectations for the flu season.

DHH OPH Infectious Disease Epidemiology (ID Epi)

- OPH Infectious Disease Epidemiology will continue to conduct disease surveillance and epidemiological investigation.
- ID Epi will provide ongoing information with respect to outbreak and severity of influenza-like illness, in order to assist in the distribution of the 75% remaining federal cache (if they are shipped from the CDC to Louisiana).

DHH OPH Laboratory (Lab)

- The Office of Public Health Laboratory is a functional member of the Laboratory Response Network (a national surveillance lab network). The State OPH Laboratory Director or designee will coordinate communication with the State Epidemiologist or designee and the Center for Community Preparedness Director or designee.

DHH OPH Center for Preventative Health-Immunizations (CPH-I)

- CPH-I is responsible for working on the vaccination procedures for seasonal influenza and the procurement of the novel influenza A vaccine, when available.
- CPH-I will provide the framework for any mass vaccination events.

DHH Bureau of Media and Communications (BMAC)

- The DHH Bureau of Media and Communications (BMAC) will actively work a media campaign throughout the State for educating the general public as well as special partners/interest groups (such as regional/parish government staff, first responders, and media outlet talking points). These topics will include social distancing, healthy hygiene practices, signs and symptoms of pandemic illness, et cetera.

DHH OPH Center for Community Preparedness (CCP)

- The Center for Community Preparedness will coordinate and organize DHH OPH response activities.
- The Emergency Preparedness and Response section within the Center for Community Preparedness will coordinate communication within DHH OPH and begin Incident Command, including web communications via www.fighththeflula.com.
- CCP will ensure that the HAN has been updated and confirm receipt of HAN messages for staff as well as distribution groups.
- CCP will coordinate volunteer communications through LAVA, recruiting new volunteers and directing existing personnel to appropriate locations throughout the State for additional support – including hospitals or other health care providers, critical infrastructure businesses, or supplementing government ops.
- CCP will manage the warehouse where supplies are stored (confidential "Receiving,

Staging, and Storing" or RSS location), and will maintain accurate data in the inventory management system (IRMS).
- CCP will coordinate and execute the distribution of medications via the RSS site (or contingency contracted partners) and the contracted courier.
- CCP will tabulate and report necessary documentation to the CDC as well as request asset resupply.

DHH OPH Pharmacy

- The DHH OPH Pharmacy will work with retail pharmacies to establish a mechanism of medication delivery for the uninsured and/or underinsured, pursuant to the Emergency Use Authorization and Standing Orders issued by the SHO. This may also include educational material dissemination.

III. Planning Section

Preparedness

The State constantly seeks opportunities to work with local partners and assist with event-specific planning. As various aspects of this Guidance have been exercised or drilled in accordance with the Louisiana SNS Plan requirements, this provides a strong community response and cooperation upon which ongoing planning is based.

Non-Pharmaceutical Intervention Mitigation Strategy

Immunization and respiratory hygiene are the best control measures available for influenza. Because no vaccine against a novel influenza strain will be available initially and antiviral drugs may not be effective and will most likely be in short supply, other interventions should be planned to limit the spread of the virus.

For these reasons, a menu of mitigation strategies known as non-pharmaceutical interventions (NPI) have been proposed to attempt to slow the spread of the pandemic strain of influenza until such a time that a vaccine becomes available. The DHH OPH recognizes the importance of these measures and will employ those shown to be effective to the fullest extent possible, in a manner that is consistent Statewide to meet the overall objectives of OPH during a pandemic.

The first goal is to reduce overall morbidity and mortality; the second, to prevent social disruption, and; the third would be to minimize economic damage. Examples of NPI's that could be employed include the voluntary isolation of cases, voluntary quarantine of household contacts, social distancing measures, cancellation of large public gatherings, school closures, and infection control measures such as hand hygiene, cough etiquette, and the appropriate use of personal protective equipment (i.e. masks).

In the past, various combinations of these measures have been used under epidemic and pandemic circumstances in an attempt to control the spread and overall burden of influenza in the community. However, some mitigation strategies could have a serious impact on the ability of the health care system to deliver adequate care and could have potentially adverse consequences for the provision of essential services, and should be considered carefully.

Other mitigation strategies could result in significant disruption of the social functioning of communities and possibly result in serious economic problems. The scientific evidence base for some NPI's is also limited. However, the recommendations in this Community Guidance are based on a thorough review of the facts that are available, common sense, the practicality of implementation of the NPI and the ability for people to adhere to the recommendations.

This Planning Section explains the theory and practicality of strategies suggested while the Operations Section summarizes actual recommended activities for community containment and non-pharmaceutical interventions (NPIs) aimed at slowing spread of influenza and decreasing overall community burden of disease. Healthcare interventions (including guidance for the healthcare community, vaccines, and antiviral interventions) are discussed in the Healthcare

Annex to the Louisiana Emergency Operations Plan and are also included in the Louisiana Pandemic Influenza Guidance.

Goals of Non-Pharmaceutical Interventions

The goals of using NPIs are to: 1) shift the epidemic curve to the right (to delay the peak of the pandemic in order to provide more time to create vaccine); 2) decrease the epidemic peak, and; 3) reduce the number of incident cases, thus decreasing morbidity and mortality in the community. The CDC has recommended the following community-based pandemic mitigation strategies: isolation, quarantine, school closures, and social distancing.

Pandemic Severity Index

In February 2007, the Centers for Community Disease Control and Prevention (CDC) released "Interim Pre-Pandemic Planning Guidance: Community Strategy for Pandemic Influenza Mitigation in the United States – Early, Targeted, Layered Use of Non-Pharmaceutical Interventions", which can be found at http://www.pandemicflu.gov/plan/community/commitigation.html, to provide community guidance that focused on measures other than vaccination and drug treatment that may be useful during an influenza pandemic.

The Pandemic Severity Index was also introduced to help local decision-makers with recommendations that are matched to the severity of future pandemics. Case fatality ratios are the proportion of deaths among those infected, and is determined early in pandemic intervals. Based on the case fatality ratio, the Pandemic Severity Index uses five categories to recommend which NPIs should be used and for what duration they should be implemented. The CDC's director is responsible for designating the category of the emerging pandemic.

The Pandemic Severity Index (or PSI) and the CDC's Summary of Community Mitigation Strategy are attached as Figure 1 and Table 1, respectively, in Section VIII. Supporting Documents.

Triggers, Periods, Phases, Stages, and Intervals of a Pandemic

The State of Louisiana will use the guidance and assistance of the Centers for Disease Control and Prevention, along with the guidance in the Pandemic Severity Index to gauge the response to a pandemic. Specific Interventions in each category will be implemented based on the best scientific and epidemiologic evidence defined by the Category of the pandemic.

NPI's will not only be implemented based on the Case Fatality Ratio of the pandemic, but may also vary during the course of the pandemic. Interventions may be needed at the beginning when cases begin to show up, during the time when new infections are rapidly increasing, or when the epidemic curve is declining. The SHO in cooperation with the CDC will define and recommend interventions based on the best scientific and epidemiologic evidence to slow the spread and impact of the Pandemic on the communities of Louisiana.

The periods, stages, and intervals are outlined in Figure 2, attached in Section VIII. Supporting Documents in a pandemic influenza and is used in creating community mitigation plans and recommendations. For further elaboration on the Intervals and specificity for Louisiana Pandemic Influenza, please refer to the Louisiana Pandemic Influenza Guidance document.

Documentation

Incident Action Report (IAP)

Under NIMS, the appropriate method of tracking operational objectives, logistics movements, and safety issues is through the Incident Action Plan (IAP)[xii]. Through the assistance of the DHH OPH Documentation Coordinator at the Emergency Operations Center, the DHH OPH Planning Section will be able to complete the appropriate sections of the IAP to track requests for assets, distribution of inventory, and documentation of communications with RSS or regional staff regarding antiviral dispensing sites.

An IAP must be created for every operational period, which may fluctuate as the event and response unfolds. IAPs are typically created for a 12-hour operational period, but may be created for shorter periods of time. IAPs may be created for operational periods up to 24-hours once an event/response has been underway for some time.

While Louisiana and the federal government do not guarantee any reimbursement for the use of the site, in the event that reimbursement becomes available, it will be important that accurate and comprehensive documentation be available. The IAP is a generally accepted mechanism for accurately and adequately tracking situational information.

IV. Operations Section

Community Containment Activities During Interval Response

DHH OPH has determined that the most efficacious use of resources occurs with "interval" planning. The Intervals for Pandemic Influenza Response (including the Louisiana and national triggers) is listed as Table 4, included in Section VIII. Supporting Documents. It is noted that due to the rapid spread of a novel influenza, several of these pandemic intervals may seem to occur concurrently to one another.

Immediately upon notification of a threat or an imminent or actual incident, the following actions will be taken, as required, according to the Interval structure for Community Containment and Mitigation response.

"Investigation" Interval – Investigation of Novel Influenza Cases

Affected State – A State where a sporadic case of novel influenza is detected.

- Voluntarily isolate and treat human cases
- Voluntarily quarantine if human-to-human transmission is suspected, monitor, and provide chemoprophylaxis to contacts
- Assess case contacts to determine human to human transmission and risk factors for infection
- Share information with animal and human health officials and other stakeholders, including reporting of cases according to the Nationally Notifiable Diseases Surveillance System and sharing virus samples
- Disseminate risk communication messages

Unaffected State – A State not currently investigating novel influenza cases.

- Continue to maintain State surveillance
- Continue to build State and local countermeasures stockpile
- Continue to develop and promote community mitigation preparedness activities, including plans and exercises
- Continue refining and testing healthcare surge plans

"Recognition" Interval – Recognition of Efficient and Sustained Transmission

Affected State – A State where human to human transmission of a novel influenza virus infection is occurring and where the transmission of the virus has an efficiency and sustainability that indicates it has potential to cause a pandemic. This represents the detection of a potential pandemic in the U.S. before recognition elsewhere in the world.

- Continue/initiate actions as above (Investigation)
- Implement case-based investigation and containment

- Implement voluntary contact quarantine and chemoprophylaxis
- Confirm all suspect cases at public health laboratory
- Consider rapid containment of emerging pandemic influenza
- Report cases according to Nationally Notifiable Diseases Surveillance System
- Conduct enhanced pandemic surveillance
- Prepare to receive SNS countermeasures
- Disseminate risk communication messages, including when to seek care and how to care for ill at home
- Implement appropriate screening of travelers and other border health strategies, as directed by CDC

Unaffected State – A State not meeting the criteria above. This may represent either that recognition of a potential pandemic is occurring in another State, or is occurring outside the United States.

- Continue/initiate actions as above (Investigation)
- Prepare for further investigation and response
- Conduct enhanced pandemic surveillance
- Prepare to receive SNS countermeasures
- Disseminate risk communication messages
- Implement appropriate screening of travelers and other border health strategies, as directed by CDC

"Initiation" Interval – Initiation of the Pandemic Wave

Affected State – A State with at least one laboratory-confirmed pandemic case.

- Continue/initiate actions as above (Recognition)
- Declare Community Mitigation Standby if PSI Category 1 to 3, declare Alert if PSI Category is 4 or 5
- Continue enhanced State and local surveillance
- Implement (pre-pandemic) vaccination campaigns if (pre-pandemic) vaccine is available
- Offer mental health services to health care workers**.**

Unaffected States – A State with no laboratory-confirmed pandemic cases.

- Continue/initiate actions as above (Recognition)
- Declare Community Mitigation Standby if PSI Category 4 or 5
- Prepare for investigation and response
- Prepare for healthcare surge
- Review and prepare to deploy mortuary surge plan
- Deploy State/local caches
- Prepare to transition into emergency operations

"Acceleration" Interval – Acceleration of the Pandemic Wave

Affected State – A State that has two or more laboratory-confirmed pandemic cases in a State that are not epidemiologically linked to any previous case; or, has increasing numbers of cases that exceed resources to provide case-based control measures

- Continue/initiate actions as above (Initiation)
- Activate community mitigation interventions for affected communities
- Transition from case-based containment/contact chemoprophylaxis to community interventions
- Transition surveillance from individual case confirmation to mortality and syndromic disease monitoring
- Begin pre-shift healthcare worker physical and mental health wellness screening
- Implement vaccination campaigns if (pre-pandemic) vaccine is available
- Monitor vaccination coverage levels, antiviral use, and adverse events
- Monitor effectiveness of community mitigation activities

Unaffected State – A State that has not met the criteria above.

- Continue/initiate actions as above (Initiation)
- Prepare for investigation and response
- Prepare for healthcare surge
- Review and prepare to deploy mortuary surge plan
- Deploy State/local caches
- Prepare to transition into emergency operations
- Implement vaccination campaigns if (pre-pandemic) vaccine is available
- Monitor vaccination coverage levels, antiviral use, and adverse events

"Peak/Established Transmission" Interval – Transmission Established; Peak Wave

Affected State – A State in which 1) >10% of specimens from patients with influenza-like illness submitted to the State public health laboratory are positive for the pandemic strain during a seven day period, or, 2) "regional" pandemic influenza activity is reported by the State Epidemiologist using CDC-defined criteria, or, 3) the healthcare system surge capacity has been exceeded.

- Continue/initiate actions as above (Acceleration)
- Manage health care surge
- Maintain critical infrastructure and key resources
- Laboratory confirmation of only a sample of cases as required for virologic surveillance
- Implement surveillance primarily for mortality and syndromic disease

Unaffected States – As transmission increases in the U.S., States are likely to be in different intervals. Thus, States should anticipate the actions needed for subsequent intervals and plan accordingly.

"Deceleration" Interval – Deceleration of the Pandemic Wave

Affected State – A State where <10% of specimens from patients with influenza-like illness submitted to the State public health laboratory are positive for the pandemic strain for at least two consecutive weeks, or, the healthcare system capacity is below surge capacity.

- Continue/initiate actions as above (Peak/Established Transmission)
- Assess, plan for, and implement targeted cessation of community mitigation measures if appropriate
- Transition surveillance from syndromic to case-based monitoring and confirmation
- Initiate targeted cessation of surge capacity strategies
- Maintain aggressive infection control measures in the community

"Resolution" Interval – Resolution of the Pandemic Wave

Affected State – A State where active virologic surveillance detects pandemic cases occurring sporadically.

- Continue/initiate actions as above (Deceleration)
- Rescind community mitigation interventions
- Continue case confirmation of selected cases to verify resolution of pandemic wave
- Resume enhanced virologic surveillance to detect emergence of increased transmission.
- Prepare for possible second wave
- Continue to promote community mitigation preparedness activities on standby for second wave
- Conduct after-action review for lessons learned
- Replenish stockpiles/caches as able

Specific Examples of Community Containment – Overview

In all of the community mitigation strategies mentioned, it is important to partner with the responsible agency or group that can facilitate not only information dissemination, but also can effect true compliance with the recommendations.

Any community mitigation strategy depends on an effective, efficient, and consistent communication strategy. Our close partnership, and direct working relationship with the State Joint Information Center facilitated this strategy during the recent H1N1 epidemic. We partnered with media, government, and private industry to ensure that community mitigation strategies were detailed.

Finally, Louisiana has many festivals, events, and celebrations every month – practically every weekend. Through our partnership with the Louisiana Board of Tourism, who have a seat in the Emergency Operations Center with DHH, we can monitor these festivals and events. If a need arose to close any of these events, we would have rapid and direct contact information for most festival organizers. Through these types of partnerships, we feel we are prepared to enact community mitigation efforts.

Specific Examples of Community Containment – Individual Measures

Individual measures will be the key component to slowing and preventing infection in communities. It is critical that the communication plan provide detailed descriptions and widespread dissemination of individual measures during a pandemic. Complete detail of individual measures can be found in the Healthcare Annex of the State Emergency Operations Plan. They include full descriptions of individual measures, as well as community resources such as posters and handouts to facilitate understanding of these measures.

Summary Recommendations for Individual Measures

1. Good hand washing, cough etiquette, and environmental cleaning are always recommended public health practices. These practices are also currently promoted by the Department of Education (DOE) and measures such as public information campaigns to increase awareness will be intensified during a pandemic.
2. In general, there is not sufficient scientific evidence to support respiratory protection for the general public, but it will not be discouraged.
3. Facemasks should be considered for use by individuals who enter crowded settings, both to protect their nose and mouth from other people's coughs and to reduce the wearer's likelihood of coughing on others. The time spent in crowded settings should be as short as possible.
4. Until such time as new data are available, CDC also recommends that selected individuals who provide care for a sick person in whom close contact is inevitable consider wearing an N-95 mask, if available.
5. Persons with signs and symptoms of respiratory infection should wear a surgical mask when close interaction with others is necessary.

Hand Washing

Influenza Viruses can survive on the hands for up to five minutes. Therefore, regular hand washing is a common sense action that should be widely followed after coming into contact with ill persons or soiled surfaces. When hands are soiled it is important that soap and water be available for hand washing. Alcohol-based hand hygiene products do not work well in the presence of organic matter but offer an alternative for situations when hands are not visibly dirty. Hand washing posters for both institutional and community settings are available at the DHH Pandemic Influenza webpage, at www.fightheflula.com.

Cough Etiquette

Covering one's mouth when coughing, preferably while using disposable tissues or coughing into the elbow may be of some value in lowering the risk of transmission of influenza viruses and should become routine practice now – before a pandemic occurs. "Cover your Cough" posters and an educational video about proper cough technique are available at www.fightheflula.com and has been demonstrated during interviews and educational opportunities.

Home Care

Home care will be the predominant mode of care for most people infected with influenza. During the Pandemic Alert Phases, individuals should discuss with their health care provider specific

recommendations for both vaccination and the use of antivirals. The following information is a general guide and is not intended to take the place of medical advice from a healthcare provider. A detailed description of home care activities that mirrors this summary can be found in the Healthcare Annex of the State Emergency Operations Plan.

Resources are available to assist individuals and families with preparing for an influenza pandemic. A Personal Planning Checklist and a Pandemic Influenza Planning: Guide for Individuals and Families can be found at http://www.pandemicflu.gov/.

Simple steps that individuals and families may take to prevent the spread of respiratory illnesses like influenza include:

- Avoid close contact with people who are sick.
- Wash hands often (hourly).
- Cover mouth and nose with a tissue when coughing or sneezing.
- If sick, stay at home and keep at least 3 feet away from others.

Caring for Someone with Influenza At Home

- Keep the ill person as comfortable as possible. Rest is important.
- Keep tissues and a trash bag for their disposal within reach of the patient.
- Keep in mind that low-grade fever is a sign that the patient is fighting the infection. It will go away as the patient is getting better. Sponging with lukewarm (wrist temperature) water may lower the patient's temperature, but only during the period of sponging. **Do not sponge with alcohol.**
- Watch for complications of influenza. Complications may be more common in individuals with health conditions such as diabetes, heart and lung problems, but may occur with anyone who has the flu.
- Call your healthcare provider if the ill person:
  - Has difficulty breathing, fast breathing, or bluish color to the skin or lips
  - Begins coughing up blood
  - Shows signs of dehydration and cannot take enough fluids
  - Does not respond or communicate appropriately or appears confused
  - Complains of pain or pressure in the chest
  - Has convulsions (seizures)
  - Is getting worse again after appearing to improve
  - Is an infant younger than 2 months old with fever, poor feeding, urinating less than 3 times per day or other signs of illness

Medications

- Use ibuprofen or acetaminophen or other measures, as recommended by your healthcare provider for fever, sore throat and general discomfort.
- Do not use aspirin in children or teenagers with influenza because it can cause Reye's syndrome, a life-threatening illness.

Fluids and Nutrition

- If the patient is **not** vomiting, offer small amounts of fluids frequently to prevent dehydration, even if he or she does not feel thirsty. If the ill person is not eating solid foods, include fluids that containing sugars and salts, such as broth or soups, sports drinks (diluted with half water), ginger ale and other sodas, but **not** diet drinks. Regular urination is a sign of good hydration.
- Recommended minimum daily fluid intake, if not eating solid food:
  - Young children – 1.5 ounce per pound of body weight per day (Example: a 20 lb. child needs approximately 30 oz. of fluid per day)
  - Older children and adults – 1.5 to 2.5 quarts per day
- If the patient is vomiting, do not give any fluid or food by mouth for at least 1 hour. Let the stomach rest. Next, offer a clear fluid, like water, in very small amounts. Start with 1 teaspoon to 1 tablespoon of clear fluid every 10 minutes. If the patient vomits, let the stomach rest again for an hour. Again, try to give small frequent amounts of clear fluid. When there is no vomiting, gradually increase the amount of fluid offered and use fluids that contain sugars and salts. After 6-8 hours of a liquid diet without vomiting, add solid food that is easy to digest, such as saltine crackers, soup, mashed potatoes or rice. Gradually return to a regular diet.
- Babies who are breast-fed and vomiting can continue to nurse. Feed smaller amounts more often by breast-feeding on only one breast for 4-5 minutes every 3-60 minutes or by offering teaspoonfuls of Pedialyte® or Lytren® every 10 minutes.
- Make sure the patient avoids drinking alcohol and using tobacco. Smoking should not be allowed in the home.
- Watch for signs of dehydration:
  - Weakness or unresponsiveness
  - Decreased saliva/dry mouth and tongue
  - Skin tenting: check this by picking up layers of skin between your thumb and forefinger and gently pinching for 1 second. Normally, the skin will flatten out to its normal shape right away. If a patient is dehydrated, the skin with "tent" or take 2 or more seconds to flatten out. This is best checked on the belly skin of a child and on the upper chest of an adult.
  - Decreased output of urine, which becomes dark in color from concentration. Ill persons who are getting enough fluids should urinate at least every 8 hours.
- If the ill person is dehydrated, give sips or spoonfuls of fluids frequently over a 4-hour period. Watch for an increase in urination, a lighter color of the urine and improvement in the patient's overall condition. These are signs that that the increased fluids are working.
  - Children under 5 years: Give 1 ounce per pound body weight over 4 hours (example: a 20 lb child needs 20 oz. or 2-3 cups of liquid over 4 hours)
  - Older children and adults will need 1-2 quarts of fluids over the first 4 hours

This review of at-home care and medication is based on current information from the U.S. Department of Health and Human Services Influenza Pandemic Plan, and is subject to change. Up-to-date guidance will be available from your healthcare provider. Guidance/treatment from personal healthcare providers should always take precedence over the above information.

Voluntary Isolation

Isolating symptomatic influenza patients either at home or in the hospital is probably the most important measure that can be taken to reduce the transmission of influenza and slow the spread of illness within a community. Those who are sickest will likely be the ones to seek medical care, and are most likely the most contagious as well. Due to the large volume of ill persons in a pandemic, hospitals and other health care agencies are likely to be overwhelmed. Therefore, voluntary self-isolation of ill persons and self-quarantine of exposed persons will play an enormous role in slowing the spread of the virus. (Hospital isolation is covered in the Healthcare Annex to the State EOP).

Simply put, a policy of asking those who are ill and do not need specialized medical treatment to "stay home while you are ill" will do more good than any other intervention during a pandemic.

The recommendation for voluntary isolation of ill patients with pandemic influenza not requiring hospitalization is to remain at home voluntarily for the infectious period, five to seven days after symptom onset and/or 24-hours after fever subsides without the use of medication.

There are a number of considerations that could deter people from voluntarily staying at home that must be dealt with before this strategy can be effective.

- Basic medical and food supplies would have to be readily available www.familyreadinessguide.pdf
- Economics. It may be difficult to persuade those with no paid sick leave not to go to work www.pandemicflu.gov/busness

Recommendations for Isolation

1. Ill persons should be asked to voluntarily stay at home during their illness. *Note: Mechanisms to support the request for ill persons to stay home must be in place if this strategy is to be successful. Therefore, the development and support of systems to provide food, supplies, and medications must be a priority.*
2. Large-scale enforced isolation practices late in a pandemic should not be employed.

Personal Protective Equipment – Masks and Respirators

The preponderance of evidence points to the influenza virus being transmitted by contact and via large droplets. Adults can shed influenza virus one day before symptoms appear and up to five days after onset of illness. Also, there may be a significant proportion of asymptomatic infected individuals. Therefore, the selective use of masks when close to an ill person may not effectively limit transmission in the community and the emphasis should be focused on cough etiquette (as above) for persons with respiratory symptoms whenever they are in the presence of another person, including at home, school, work or other public places.

There is no scientific evidence available to support the use of respiratory protection in the community, school or work by healthy persons to limit the spread of the influenza virus. In spite of this, it is acknowledged that fear will drive some members of the public to resort to wearing masks during a pandemic. Public health officials must recognize that although there is no evidence to support the practice of wearing masks, they should not do anything to discourage it. In September of 2009, the CDC released guidance stating that facemasks should be considered

for use by individuals who enter crowded settings, both to protect their nose and mouth from other people's coughs and to reduce the wearer's likelihood of coughing on others[xiii]. The time spent in crowded settings should be as short as possible. Until such time as new data are available, CDC also recommends that selected individuals who provide care for a sick person in whom close contact is inevitable consider using an N-95 respirator, if available. Additionally, providing information on the importance of social distancing being a more appropriate strategy than making would also be helpful. Whenever possible, rather than relying on facemasks and respirators, close contact and crowded conditions should be avoided during and influenza pandemic.

Persons who are diagnosed with influenza or who have a febrile respiratory illness should remain at home in self isolation until the fever is gone and the cough is resolving to avoid exposing other members of the public. If such symptomatic persons cannot stay home during the acute phase of their illness, it does make sense for them to wear a surgical mask when it is necessary to interact with others. An N-95 mask would be inappropriate for this purpose and would not provide any additional protection. In addition, masks are recommended for use by symptomatic, post-partum women while caring for and nursing their infant.

Community Based Measures

To contain the spread of a contagious illness, public health authorities rely on many strategies. Two of these strategies are isolation (reviewed earlier) and quarantine. Both are common practices in public health, and both aim to control exposure to infected or potentially infected persons. Both may be undertaken voluntarily or compelled by public health authorities. The two strategies differ in that isolation applies to persons who are known to have an illness, and quarantine applies to those who have been exposed to an illness but who may or may not become ill. Requirements for success of isolation and quarantine depend on many factors but most importantly include prompt and accurate identification of an ill person in the household and appropriate use of hygiene and infection control practices in the home. Community leaders should attempt to reduce stigma associated with isolation and quarantine prior to a pandemic. Complete details of the Louisiana Isolation and Quarantine plan for pandemic influenza can be found in the State of Louisiana EOP.

Quarantine

Quarantine refers to the separation and restriction of movement of persons who, while not yet ill, have been exposed to an infectious agent and therefore may become infectious. Quarantine of exposed persons is a public health strategy like isolation, in that it is intended to stop the spread of infectious disease. Quarantine is medically very effective in protecting the public from certain diseases. Influenza with pandemic potential was added to the list of federally quarrantinable diseases in April 2005. States generally have authority to declare and enforce quarantine within their borders. This authority varies widely from State to State, depending on State laws. The CDC, through its Division of Global Migration and Quarantine, also is empowered to detain, medically examine, or conditionally release persons suspected of carrying certain communicable diseases[xiv].

Quarantine is likely to have a limited impact in preventing the transmission of pandemic (or H1N1) influenza due to the short incubation period of the virus, the ability of persons with asymptomatic disease to transmit virus, and the possibility that early symptoms among persons with a novel influenza strain may be non-specific, delaying recognition and implementation of containment. However, early implementation of quarantine when pandemic influenza is first detected in the United States and when the scope of the outbreak is focal and limited may slow geographic spread. Examples (using Avian H5N1 flu as the strain) of specific instances where quarantine may be helpful:

- For the first suspected or confirmed cases of novel influenza in Louisiana. For example, suspected or confirmed case(s) of avian influenza (H5N1) in person(s) who have traveled to an H5N1 affected country and have been exposed to sick poultry (either through handling or eating poultry products) or a laboratory-confirmed or epidemiologically linked human case of H5N1 influenza.
- Suspected or confirmed cases of avian influenza A (H5N1) or another novel strain of influenza in travelers on airplanes, trains, or buses about to arrive in Louisiana.
- Suspected or confirmed cases of avian influenza of any type in persons with known exposure to sick poultry or birds in Louisiana.
- Clusters of avian influenza A (H5N1) or another novel strain of influenza in small, well defined settings, such as a military base; and
- Cases of laboratory exposure to avian influenza A (H5N1) or influenza viruses with the potential to cause a pandemic (e.g. influenza A H2N2).

Contacts of households with ill individuals during an influenza pandemic will be recommended to stay home for 7-10 days following the symptom onset in the household member. Even if household members are not experiencing symptoms, voluntary quarantine is important based on previous experience with influenza. A significant proportion of individuals may shed virus and infect others in the community despite having no symptoms or mild illness that may not be recognized as pandemic influenza.

Later in a pandemic when disease transmission is occurring in communities around the State, individual quarantine is much less likely to have an impact and likely would not be feasible to implement. There are no historical or scientific studies that support large-scale quarantine measures of groups of possibly infected persons for extended periods in order to slow the spread of influenza. The negative consequences of large-scale quarantine are so extreme that this mitigation strategy should be eliminated from serious consideration.

Recommendations for Quarantine

1. Early enforced quarantine of small numbers of people when the pandemic virus is first introduced in the State may be helpful and should be considered in examples cited above.
2. Large-scale enforced quarantine measures late in a pandemic should not be considered.
3. Voluntary self-quarantine of persons exposed to persons who are ill with pandemic influenza is recommended.

Environmental Cleaning

Survival studies have documented that Influenza A and B can survive under the right conditions on hard, non-porous surfaces for approximately 24-48 hours and on cloth, paper, or tissue for 8-12 hours. However, low-level disinfectants are very effective in removing and killing these viruses. Ethyl or isopropyl alcohol, chlorine (100ppm; 1:500 dilution of 5.25% sodium hypochlorite), iodophors, phenolic quaternary ammonium compounds and hydrogen peroxide are all effective disinfectants for killing influenza viruses. Cleaning with soap and water is a prerequisite to disinfection. Therefore, soiled surfaces should be cleaned with soap and water prior to disinfection or using a cleaner/disinfectant, with different concentrations depending on surface type and communal area addressed[xv].

Social Distancing Measures

Social distancing strategies are non-medical measures intended to reduce the spread of disease from person-to-person by discouraging or preventing people from coming in close contact with one another. Numerous strategies for social distancing may be used during a pandemic, some examples are: school closures, requiring employees to work from home, alternate shift work, closing non-essential agency functions, flex scheduling, and cancellation of sporting events. The purpose of social distancing is to decrease contact between community members therefore decreasing the ability to transmit disease.

Social Distancing – Children

Many factors contribute to the reasons that children are important for transmission of influenza: they are more susceptible to disease, they shed more influenza virus, they are not skilled at handling their own secretions, and they are in close proximity to other children for most of the day at school. School closures can interrupt an important area of transmission and will be addressed by Department of Education (DOE) in this Guidance. It is imperative that when closing schools other social distancing measures be undertaken to prevent large gatherings of children elsewhere in the community.

Social Distancing – Adults

Though children seem to be the most important amplifiers of disease transmission, adult-adult spread is also important in sustaining a pandemic. Adults may decrease their risk of infection by minimizing their non-essential social contacts and exposure to socially dense environments. Social distancing strategies are low cost and easy to sustain, examples include: going to the grocery store once a week rather than every other day, avoiding large public gatherings such as football games or concerts, working by telephone when possible, and spreading desks apart in the workplace.

Public Gathering Restrictions

The effectiveness of canceling public gatherings has not been established. However, it seems prudent that consideration be given to closing any planned public gathering during a pandemic as a method of limiting person-to-person contact. If a public gathering is necessary the following guidelines are appropriate:

- The facility where the gathering is held should be cleaned thoroughly utilizing normal cleaning products. Use clean water, detergent, scrub and sanitize paying special attention to frequently touched and horizontal surfaces.
- Promote hand hygiene and cough etiquette.
- Space individuals at least three feet apart during large gatherings. Increasing the number of gatherings and limiting the number of attendees is one way of accomplishing this. Use audio/visual technology to broadcast the presentations to other rooms or buildings, allowing the groups to be split into smaller numbers.
- Encourage sick people to stay home.

Recommendations

1. Canceling public gatherings during a pandemic may be recommended when public health authorities feel that such gatherings would lessen the spread of pandemic influenza.
2. If public gatherings are essential during a pandemic, the above guidelines should be followed.

Vulnerable Populations

Operation Prepare: The Operation Prepare field deployment exercise occurred throughout Louisiana during the summer of 2007, and regional exercises based on this occur annually throughout the State. Participating agencies included DHH OPH and the Center for Community Preparedness. The event also tested the ability of public health agencies and partners to reach at-risk populations during an emergency, their knowledge and ability to operate within the National Incident Management System, and their communications plans and equipment.

The exercise was conducted in phases across the State. This community outreach effort focused on providing information on emergency preparedness. Educational efforts targeted vulnerable populations such as housing development residents, the Vietnamese population of the New Orleans area, displaced residents living in Baton Rouge, rural residents in low-lying marsh areas, and elderly residents. Dozens of emergency response and public health agencies, businesses, non-profit organizations, and churches partnered with OPH to make Operation Prepare a success. This model may be used in times of public health crisis.

Resident Emergency Alert and Locator System (REAL): By providing funding for the Resident Emergency Alert and Locator System (REAL), OAAS has developed, in conjunction with DHH's Medicaid Management and Information Systems (MMIS), an emergency preparedness system for Medicaid long term care recipients. The REAL System includes a pre-loaded database and fingerprint recording system to identify recipients who may evacuate to area shelters in the event of a State-wide or parish-wide emergency. By simply scanning a recipient's thumb or entering their social security number as an alternative option, DHH staff or authorized shelter staff will be able to identify the recipient's emergency information including, but not limited to their current place of residency, next of kin, Primary Care Physician (PCP), service provider, current medications, etc. This will allow the recipient to access needed services in a timely manner during emergencies. OAAS has purchased lap top computers and fingerprint scanners, along with the fingerprint scanning software needed to register recipients

who voluntarily consent for registration into REAL. OAAS, OCDD and MMIS are planning to do a "test run" registration of persons currently residing in two State- operated facilities during the first part of June 2008. Once the test runs are conducted, the goal of OAAS is to develop an implementation strategy to first register all persons receiving Home and Community Based Services residing in the Louisiana Coastal lying regions and eventually implementing to all recipients State-wide. OAAS has also contracted to develop the GIS application AARMS or Aging and Adult Resource Management System. AARMS will work in conjunction with REAL to map recipients as well as Medicaid and non-Medicaid Services by location. This application will allow recipients registered in REAL to be linked to needed resources in a timely and efficient manner during an emergency.

Find a Safe Place Campaign: The Office of Aging and Adult Services, through funding from The Grantmakers in Aging's Hurricane Fund for the Elderly, will kick off the Find a Safe Place Campaign in June, 2008 with the mail out of postcards to all Home and Community-Based long term care Recipients. The postcards include hurricane preparedness tips and information on the importance of having a plan to evacuate should the weather dictate the need to do so. The campaign also consists of the development of a training video outlining "When to go, Where to go, How to go and What to bring", during the threat of a major Hurricane. The video includes interviews from emergency preparedness experts from the local chapter of the Louisiana Red Cross, Governor's Office on Homeland Security and Emergency Preparedness, and community volunteers who have experience assisting during past evacuations. The video has been produced and the rough cut is being circulated for comments throughout the Department of Health and Hospitals prior to its final edit. The strategy for implementation includes, but is not limited to, distribution to Medicaid providers of direct services, Support Coordination Agencies, hospitals, physician offices, Councils on Aging, etc. The Office of Aging and Adult Services will also make the video available on their website for the public access for viewing. Staff is currently working on the production of a 13 month Calendar which will provide monthly hurricane preparedness tips and hurricane preparedness checklist. Distribution is targeted for September 2008 or earlier depending on production time.

Continuity of Operations Plan: A Continuity of Operations Plan (COOP) for OAAS. The two nursing homes operated by OASS continue to work closely together and have evacuation plans that utilize the sister facility in case of evacuation (i.e.-Hainkel goes to Villa during hurricane evacuations and Villa would go Hainkel in case of a nuclear or chemical event). The staff from the two facilities met at Villa on May 2 to review plans and to tour the facilities for possible evacuations this year.

OAAS - 2006 Emergency/Disaster Training Activities Summary Report: The Office of Aging and Adult Services (OAAS), in collaboration with the Office for Citizens With Developmental Disabilities (OCDD), The Arc of Louisiana, People First of Louisiana, Families Helping Families and AARP ~ Louisiana, participated in emergency planning and preparedness training sessions for people with disabilities, people with special needs, and older adults, their family members and advocates. The primary goal of these presentations was to improve disaster readiness, response and recovery for people with disabilities, their families, provider, and support coordination agencies.

Community Preparedness Response Network (CPRN): Communities in poverty-stricken areas throughout St. Tammany parish are made up of Native Americans, African Americans and

more recently, poor whites. These people are characterized as poor and under educated, living in low income/poverty conditions.

These populations are not typically a focal-point in St. Tammany Parish. Sometimes, the poor are intentionally neglected, living in these conditions as a result of the political infrastructure, excluding them from 32 plus years of growth. These communities are in third world conditions, suffering from third world disease and illness with limited health care access. Hepatitis A, B and C, Infant mortality, staff infections and dysentery are prevalent, as recorded and monitored by the Bureau of Minority Health Access and the Chahta Tribe, who surveyed jointly these areas door-to-door immediately after Hurricanes Katrina/Rita.

These communities remain at high risk, unless trained and motivated to empower themselves around healthcare and safety. Impoverished communities such as these are stagnated politically, economically, and socially. With the absence of leadership, these communities are left opened and vulnerable to more disasters. The lack of education, training, and no transportation (there is no available public transportation) allows the poor to fall through the cracks when it comes to aid and recovery as a result of natural disasters. Majority of the people have low literacy levels and experience difficulty interpreting business-related documents and lack computer skills.

Many of the residents remained home during Hurricane Katrina/Rita for the lack of transportation, funds, plan of action and leadership to evacuate to safety, and they remain in this State of conditions today.

The Chahta Native American Tribe in partnership with Bureau of Minority Health Access and other agencies will establish its own twenty (24) hour, seven (7) day a week, high tech satellite office of emergency evacuation to Little Rock, Arkansas and a relief shelter. The Tribe has a relief ordinance designating Little Rock as its Tribal evacuation High Ground. A satellite office linking evacuees with Hospitals, Clinics, Employment Training and Job opportunities, Housing, Transportation, Banking, Red Cross, Salvation Army, and FEMA, making the tribe self empowered long term independence. Not relying 100 per cent on government agencies to carry out and implement a safe recovery and re-entry. As the Tribe becomes the CPRN Resource Center, its tribal members have knowledge and experience dealing with successful grass roots organizing for disasters.

Operation Re-Entry: Immediately following the devastation of Hurricane Katrina, the hardest hit communities were those inhabited by racial and ethnic minorities who lived below the poverty level, had little to no access to medical care and lacked transportation, Internet access and in some cases televisions. Areas such as Slidell, Chalmette, Lacombe and Port Sulphur never received the same national attention as New Orleans, but they did suffer tremendous damage when the eye of Katrina swept through their communities. The Bureau of Minority Health Access (BMHA) received numerous calls from lesser-known communities requesting immediate assistance with housing, transportation, debris removal, affordable prescription medicine, food, water, clothing, hygiene products and navigating FEMA Web sites and applications.

In order to properly and precisely meet the needs of victims devastated by Hurricane Katrina, the Bureau was given the following tasks:

1. Identify and establish partnerships with health care providers, medical facilities, faith-based organizations and community-based minority-serving organizations.
2. Develop a work plan of action in the approach and process for implementing project tasks.
3. Coordinate efforts with city and health officials to address environmental toxins and diseases in hurricane-affected areas.
4. Collaborate with identified partners, coordinate medical/mental health/social services and counseling services as identified for remaining hurricanes victims.

Once the tasks were identified, BMHA developed a plan of action called Operation Safe Re-entry, which was designed to determine the health status of minority communities and facilitate preventive and post care through support for victims devastated by Hurricane Katrina in designated parishes such as Orleans, St. Bernard, Plaquemines and St. Tammany. Operation Safe Re-entry called for the mobilization of health care stakeholders, community-based organizations (CBOs), Historically Black Colleges and Universities (HBCUs), faith-based organizations and local city and parish governments to assist minority communities with immediate hurricane recovery efforts.

Operation Safe Re-entry was implemented in four phases:

Phase One: Health Fair with presentations from city, State and federal officials and distribution of supplies.
Phase Two: Organized street teams to conduct door-to-door community health assessments.
Phase Three: Reorganized 'street' teams in newly discovered hurricane ravaged areas with an emphasis on pregnant women and infants.
Phase Four: Established a 24-7 grass roots recovery office for evacuees in Arkansas and Louisiana.
Phase Five: Informing hurricane-ravaged communities about health and environmental concerns post-hurricane (Katrina, Rita, Gustav, Ike).

The Bureau collaborated with medical/mental and health/social services to implement other projects to alleviate the suffering of hurricane victims. Partners for Healthy Babies and the BMHA organized Baby Health Fairs to address the growing number of infant deaths post-Katrina, which became an issue overlooked after the storm. Other projects include:

- A partnership with Care Unlimited Obesity Prevention Clinic in New Orleans addressed children who are dealing with obesity problems largely due to the impact of trauma experienced during and after Katrina
- Louisiana Center Against Poverty established a summer camp for evacuee children
- La Kid Adventure Challenge for evacuee children ages 5-12 years
- Plaquemines Parish Health Fair
- Baby Health Fairs

The Bureau arranged for the removal of debris that had been left for months. Access to medical care has improved with the help of State and city officials pouring in resources to expand services in primary care clinics within minority communities. Children who wandered the streets

of New Orleans and trailer sites shortly after the storm had places of refuge provided by community minority-based partners and faith-based communities.

Remaining Safe Re-entry projects such as the 24-7 phone bank are still operating because so many evacuees continue to have trouble with FEMA assistance and access to medical care in other States. Louisianans are being dropped from Medicaid and Medicare rolls and they need their eligibility re-established in order to receive medical services.

After suffering though the worst natural disaster this country has ever witnessed, there is still work to be done. With the success of Operation Safe Re-entry, several organizations have now implemented similar projects in other parts of the State that suffered from both hurricanes Katrina and Rita.

Workplace Recommendations

One of the primary needs during a pandemic will be to maintain essential governmental, community and business continuity. It is possible that thirty percent of the workforce may be absent due to illness and it may be difficult to maintain adequate staffing for many important functions. Many essential services may be disrupted if large numbers of public health, law enforcement, first responders, health care, communications, transportation, and public utility personnel are not able to carry out critical functions due to illness. It is therefore extremely important that continuity of services/operations plans (COOP) be in place to minimize the impact. A COOP is attached as an Annex to the Pandemic Influenza Guidance.

During a pandemic, it will be essential to provide consistent communications to workplaces throughout Louisiana. These communications will include health information for employers and employees, safe workplace policies, and Human resource information. Also, broader community information will also be shared. The details of how this information will be created, distributed, and updated to workplaces throughout Louisiana (refer to the Public Information Section of this Guidance). Some of the publications previously created are entitled “Ensure Communication Capabilities During Each Phase of the Pandemic” and “Mitigate the Impact of an Influenza Pandemic on Workers in the State”.

Complementary State Department Planning - Louisiana Department of Education

School systems represent an important element in pandemic influenza preparedness for several reasons, particularly that children easily transmit influenza to one another through close proximity and their general lack of awareness and compliance with basic hygienic measures. Therefore, in a pandemic, long-term and widespread absenteeism may occur due to the lack of immunity and until a vaccine becomes available, students, teachers, and staff would be highly susceptible to a novel virus. This type of absenteeism occurs on a smaller basis annually due to seasonal influenza outbreaks. However, in a pandemic the impact would be much greater and the longer duration of the outbreak would create unique challenges. Probably the most controversial mitigation strategy related to schools is the concept of school closure during a pandemic. Currently there is not complete consensus as to the effectiveness of this strategy.

Models have suggested, however, that if implemented early, school closure may slow the spread of disease. The societal consequences of closing schools to limit the transmission of pandemic influenza also has profound implications for the education of students and for the economy and must therefore be seriously considered and carefully implemented.

While it may be necessary to eventually close schools, the goal of every community should be to keep schools open and safe whenever feasible. If school closures are anticipated, it is important that the negative impacts of the closures on society, students, and staff be minimized by pre-planning for such an event. In addition, communication structures must be enhanced and triggers for both closing and reopening schools must be developed. In addition, consistency in policy and procedure in school closing and reopening is essential. The decision to close schools should be based upon the best science available and in collaboration with all stakeholders (students, parents, teachers, superintendents, State and local health authorities, etc.). The following is a summary of policies that have been developed to assist in this endeavor.

The Louisiana Department of Education (DOE), the Louisiana Board of Regents (BOR), and the Office of Public Health (OPH) collaborated to host a series of meetings to inform schools about a possible pandemic and the issues unique to educational settings that need to be addressed. In addition, the DOE began creating plans for its own operations in the event of a pandemic as well as how best to provide planning and response resources to both public and private school districts Statewide. During events in the 2009 H1N1 pandemic, meetings and cross-functional task force operations significantly increased, in order to ensure cooperative planning between agencies.

The Department of Education Influenza Operational Plan workgroup determined that the first line of response to such a pandemic will occur directly at the local educational agency, or school district level. This is due to the fact that the DOE has no statutory authority to initiate school closures. That responsibility and authority lies directly with local school districts. To that end, the work group developed policy guidance documents to disseminate to school district administrators. What follows is an abstraction of the full Louisiana Department of Education Pandemic Influenza Guidance to School Districts.

- Review and update State-mandated school and district Crisis Management Plans and policies. A checklist from the U.S. Department of Health and Human Services will be included to assist schools in reviewing and/or improving these plans to prepare for and respond to an influenza pandemic.
- Plan for the delivery of educational services in the event of staff illnesses, including a menu of State-level strategies that may be employed in the event of long-term closures.
- Establish plans for the orderly closure and re-opening of schools and daycare centers
- Identify community and State resources to assist with continuity of operations during a pandemic
- Determine how information will be shared with parents and guardians during such an event.

Schools and daycare centers

School systems represent an important element in pandemic influenza preparedness for several reasons. Children easily transmit infectious diseases to one another due to their close proximity and their general lack of awareness and compliance with basic hygienic measures. Therefore in a pandemic, long-term and widespread absenteeism may occur due to the lack of immunity and until a vaccine becomes available, students, teachers, and staff would be highly susceptible to a novel virus. This type of absenteeism occurs on a smaller basis annually due to seasonal influenza outbreaks, however in a pandemic the impact would be much greater and the longer duration of the outbreak would create unique challenges. Probably the most controversial mitigation strategy related to schools is the concept of school closure during a pandemic. Currently there is no consensus as to the effectiveness of this strategy. Models have suggested that, if implemented early in a pandemic school closures may slow the spread of disease in the community.

While it may be necessary to eventually close schools, the goal of every community should be to keep schools open and safe whenever feasible. If closures are anticipated, it is important that the negative impacts of the closures on society, students, and staff be minimized by pre-planning for such an event. Communication structures must be enhanced and triggers for both closing and opening schools must be developed. As stated above, in a pandemic it essential that communities across the State be consistent in how school closings are handled and closing decisions should be based on the best science available and in collaboration with all stakeholders (students, parents, teachers, superintendents, State and local health authorities, etc.). The following policies have been developed to assist in this endeavor.

Pandemic Influenza School Closure Policies
Goal: To keep schools open and safe whenever possible. However, recognize that school closures may be a cornerstone of community containment in a severe pandemic. Therefore, careful and thoughtful pre-planning for this contingency is essential.

Overview of policy

The policies outlined below should be integrated as part of the school district's overall crisis plan. Besides being effective in influenza pandemic the same policies will be helpful in averting many other crises.

School districts can take steps prior to a pandemic that will reduce the spread of all communicable diseases. The first step is education. Students, staff and community need to understand how infectious diseases are transmitted. The second step is training, along with being taught how disease is transmitted, staff and students must be taught techniques to reduce the chance of transmission such as proper hand washing, how to cover a cough or sneeze, standard precautions, the importance of annual flu vaccinations, etc. Staff and students must be encouraged to stay home when they or other members of the household are ill with flu-like symptoms and maintenance staff must be taught how to properly clean and disinfect. These policies also cover what the school district should do in case prevention methods fail. Most districts are prepared to deal with short-term school closures. However, in the case of a pandemic, schools may be closed for months at a time. Districts have to be prepared so that they can continue to communicate with staff, students, and the community and deliver education and other services to students.

In addition school districts must also be prepared for the psychological impact of a pandemic. People may be fearful but those who have been educated will be less so. Fears will be abated and tensions eased if the students, staff, and the community know the district has a plan. The period after a pandemic is important too. Districts must be prepared to deal with the return of grieving students and staff. Many children receive their only meals or only hot meals at school. In the case of a long-term school closure, these students may not have enough to eat. This policy encourages the district explore the possibility of continuing food service in some manner. It may require bulk purchasing and storage of certain supplies and may not be possible for some districts. The following information is provided to assist Louisiana school districts in planning for an influenza pandemic.

School Closure Trigger Points

- To protect the public health and safety – when advised to close by State or local health/safety authorities
- Student absenteeism – when it is not economically prudent to keep the school open
- Teacher/staff absenteeism – when the number of staff available to supervise and instruct students drops below what is necessary to maintain a safe learning environment

In a pandemic short-term school closures (one–two weeks) will occur as a result of absenteeism and the ability to function as a school much like what occurs during normal influenza season. Planning for the closing of schools for longer periods of time (up to 12 weeks at a time according to CDC's "Interim Pre-pandemic Planning Guidance") will be a large community undertaking that will take considerable pre-planning. Not only does continuity of education need to continue, but auxiliary services that schools provide may or may not need to continue. For working parents, school may serve as a form of day care and, in some areas, a source of meals for children from lower income families. A portion of the State's workforce would be unable to go to work as long as children were out of school. Teachers might not be paid and a great number of hourly workers (mall and fast food employees, school janitorial, security, and kitchen staff, bus drivers, etc.) would face particular hardship. Prior to considering whether it is necessary to close schools, it is important that every school district be prepared ahead of time to deal not only with the closures, but to minimize the adverse consequences.

Authority to close schools

- School Superintendent for trigger points for absenteeism from above.
- Local public health agencies and/or the State Health Officer have the authority to close and/or open schools for public health and safety trigger point as noted above.
- If local closings affect other jurisdictions such as in a pandemic, schools may be closed and/or opened by order of the State Health Officer or his/her designee[xvi],[xvii]. Due to the need for consistency throughout the State it is likely that school closures and/or openings to protect the public health and safety will be directed at the State level.

Schools may be closed to all staff and students or just students. If schools are closed only to students, staff members are expected to work regular schedules or use appropriate leave. The superintendent may cancel all activities on district property by outside groups even if some schools in the district remain open. When a school is closed, activities scheduled at that school, including use by community groups, will be canceled. Activities held at another location that involve students and staff from a closed school may cancel at the discretion of the building

principal in consultation with local health authorities and the school nurse. Schools will be reopened by the superintendent but in cases where schools were closed by DHH or the local health authority, only the director of DHH, his/her designee, or the local health authority may authorize the reopening of schools. Schools will be reopened only when the situation that caused the schools to be closed has sufficiently abated.

Recommendations

1. School closings for student or teacher absenteeism should occur as necessary and the local health department and school authorities will direct the closings.
2. School closings for the purpose of protecting the public health and safety will be directed by local public health agencies and local school authorities, however in a pandemic where closures would affect multiple jurisdictions the State Health Officer will direct the closures.
3. As stated in the information above, the effectiveness of closing schools to slow a pandemic is in question and will depend upon specific circumstances. School districts should have plans in place to:
    - ♦ close schools as necessary as well as plans for reopening them.
    - ♦ recognize trigger points for closing and opening schools.
    - ♦ Understand lines of authority in the community/State for closing and opening schools.

School Restrictions

If incidences of contagious disease are high, the school nurse or designee may recommend that the superintendent impose appropriate social distancing rules such as limiting or prohibiting individuals other than students, staff and contractors providing services to the district from being in district facilities.

- http://pandemicflu.gov/professional/school/
- http://www.hhs.gov/pandemicflu/plan/sup4.html#s4-V
- http://www.dhss.mo.gov/BT_Response/_ChildCare.html

Confidentiality

Staff health information will be kept confidential and only released in accordance with State board policy and law. Student health information will be shared with State and local health officials in accordance with the Family Educational Rights and Privacy Act (FERPA) and State law. Districts may provide individually identifiable student information to local or State health authorities in conjunction with reporting a Category I disease under the health and safety emergency exception of FERPA. Individually identifiable student information received from any source, including State and local health authorities will be maintained and disclosed in accordance with FERPA and board policy.

Maintenance

The superintendent or designee will develop a cleaning/disinfecting checklist according to guidance from the Louisiana State Health Officer and the U.S. Department of Health and

Human Services to be completed by staff responsible for building maintenance. DOE recommends that school authorities mandate staff or contracted janitorial services follow this guidance to best protect health in the school.

Materials and Supplies

Hand washing conveniences will be available to students, staff, and visitors to district facilities. Posters should be placed in conspicuous places. The superintendent will ensure that each district facility is equipped with adequate cleaning and Environmental Protection Agency (EPA) approved disinfecting materials and that each bathroom in the district is equipped with soap, hot water, and a system to dry hands. Waterless hand sanitizer may be used only when it is impractical to provide soap and hot water.

- http://www.cdc.gov/germstopper/materials/home_work_school.pdf
- http://pandemicflu.gov/professional/school/

The superintendent will investigate whether the district can continue to provide meals to students on free and reduced lunch when schools are closed. To determine if such a program is practically and financially feasible, the superintendent will consult with food service personnel regarding purchasing supplies, facilities staff to determine storage options and local emergency planners to develop a preparation and delivery system.

Staff Leave

Staff members who are ill or have members of their household ill with pandemic influenza are encouraged to stay home to promote healing and reduce the risk of infecting others. In the case of school closure due to a pandemic or other significant health event, the board may provide additional paid leave to staff members based on the length of the closure and the financial condition of the district. However, staff members who are not ill may only use available leave in accordance with board policy.

Academics

In case of school closing due to a declared pandemic, every effort will be made to continue instruction through alternative methods. In case contemporaneous instruction is not possible, instructional staff will prepare a grade level or subject area supplemental unit of studies that students and parents can implement with minimal assistance from staff. District administration in cooperation with instructional staff will oversee the development and collection of these units and determine an appropriate delivery system. In the case of a long-term school closing, the Board may waive local graduation requirements. Extensive work is being done on continuity of education modes and materials.

Board Meetings

The board president and superintendent will establish alternative methods for holding meetings that do not require face-to-face contact. Any method must be implemented in accordance with the Louisiana Sunshine Law.

Counseling

In the case of a pandemic students and staff will face illness and death of friends and family. District counselors, school social workers, and school psychologists must be prepared to provide support to students and staff when schools reopen after a pandemic. In addition, counselors must develop support programs that can be accessed while schools are closed. These programs will be part of the overall emergency plan and be developed in conjunction with the communication system used to monitor the health of students and staff and deliver instruction and support services.

Facilities

In the case of pandemic influenza or other health event the district's facilities may be used as staging areas, Points of Dispensing, shelters or to otherwise serve the community in accordance with board policy and law. The superintendent will maintain an accurate inventory of property that may be useful in an emergency situation including, but not limited to, medical supplies, food, water, ice, vehicles, tools, communication devices, generators, building materials, cleaning supplies, and bedding.

Complementary State Department Planning – Bureau of EMS/911

The EMS/911 Community of Louisiana has been extensively planning for a pandemic. It is essential that EMS/911 play a pivotal role in protecting our citizens. The State of Louisiana has a State-level working group to plan and operationalize a full EMS/911 plan for a pandemic. The full plan is also an Annex to the Louisiana Pandemic Influenza Guidance, entitled "EMS/911 Pandemic Preparedness Plan". EMS operational infrastructure, including 9-1-1, is well positioned for supporting community mitigation strategies.

In *EMS and Non-Emergent (Medical) Transport Organizations Pandemic Influenza Planning Checklist*, the Centers for Disease Control and Prevention (CDC) calls upon EMS agencies to hold discussions with local and/or State health departments regarding the role of EMS organizations in a large-scale program to distribute vaccine and antivirals to the general population.

EMS agencies have successfully piloted influenza immunization programs. Authors of a 2003 article in Prehospital and Disaster Medicine stated that, "As soon as the next pandemic is identified, a large-scale vaccination program will be needed. Paramedics and other EMS personnel could be a valuable supplement to the public health workforce in such a situation. However, in order for such a project to be successful, early preparation, training, and, in some

cases, legislative changes must be implemented in advance of the catastrophe. …With >70,000 paramedics in the US, paramedics are a substantial medical resource in most communities in the US." It should be noted that vaccines are not likely to be available early in a pandemic.

EMS system planners should work closely with their local public health officials to further explore the role that EMS should play as part of a community-wide, integrated disease surveillance and mitigation system. EMS planners are encouraged to develop comprehensive, well-defined systems, planned ahead of time, to assure sufficient legal authority to permit EMS to participate in community mitigation strategies, including modifications to scopes of practice if needed, medical direction, just-in-time training and quality improvement.

The States and their political subdivisions are primarily responsible for isolation and quarantine within their borders. Public health officials generally have the authority to declare and enforce mandatory isolation and/or quarantine. Coordination of isolation and/or quarantine policies with EMS and 9-1-1 will be critical to the success of community mitigation strategies.

The community containment strategies mentioned within this section, along with vaccination and anti-viral prophylaxis, should they be available, comprise a Targeted Layered Containment (TLC) strategy. The TLC strategy is based on the concept that when multiple methods of containment and treatment are targeted at the local level in an appropriate manner, the effects of an influenza pandemic could potentially be decreased.

CDC recommends a strategy that initiates these measures based on the severity of pandemic influenza as defined in the Pandemic Severity Index.

EMS operational infrastructure, including 9-1-1, is well positioned for supporting community mitigation strategies. EMS providers are an established mobile healthcare workforce experienced in providing prehospital care to patients in their homes. EMS agencies should be engaged with State and local planners to define their role in community mitigation strategies such as distribution of medical countermeasures (i.e. vaccines and antiviral medications) to the general population.

Documentation

Reporting Requirements - Media

A regular report from BMAC will be submitted on a routine basis to the pandemic State task force, highlighting such items as media calendar, scheduled events, press release dates and media clipping highlights.

Reporting Requirements – 211 and/or Triage Logic

As the beta testing is ongoing, reporting will be negotiated for both vendors. It is anticipated that such items as number of calls, topics discussed, referral categories, and other metrics will be part of the routinely scheduled reporting.

Community Mitigation Monitoring

The State of Louisiana has an extensive process to monitor and evaluate the effectiveness of Community mitigation interventions. All of these activities will be individually monitored by the responsible agency, and the results reported through active agency participation at the State Emergency Operations Center (EOC). All State agencies are represented at the EOC, with additional participation from private industry and the business community where appropriate. The EOC will have consistent and current information such as school absenteeism, emergency room visits, hospital bed capacity, State Law enforcement information, etc. Using this real-time data decision makers at the EOC can evaluate the effectiveness of the individual community mitigation measures, then make decisions based on all the information whether they need to be stepped up to a higher level or decreased. Full details of the State of Louisiana Emergency Operations Plan can be found in the Emergency Support Function (ESF) plan through the Governor's Office of Homeland Security and Emergency Preparedness (GOHSEP).

Infectious Disease Reporting Information System (IDRIS) Summary

Louisiana has implemented the Infectious Disease Reporting Information System (IDRIS). IDRIS is a web-based system designed to allow reporting of infectious diseases and other reportable conditions (as mandated the by Louisiana Sanitary Code) through a web access. Although the Sanitary Code requires that "every physician, osteopath, coroner, medical examiner, dentist, homeopath, infection control practitioner, medical records director, nurse, nurse midwife, nurse practitioner, pharmacist, physician assistant, podiatrist, social worker, veterinarian, and any other health care professional" report a case of reportable disease, IDRIS is a system aimed at facilitating reporting by the facilities that report large number of cases, i.e. hospitals and large medical groups.

In case of a Public Health Emergency such as a pandemic of influenza it will be necessary to create one or several new reportable conditions, post case definitions, collect detailed information on the case, list the contacts and even collect information on the contacts. Creation of a new reportable condition and associated CIF can literally be accomplished in minutes.

In a pandemic influenza situation the following measures will be implemented

1-Use these new conditions: Novel Influenza case, Contact of a Novel Influenza case

2-Use a Laboratory Data Entry screen to document laboratory tests performed on NI cases and contacts

3-Use a Supplementary Case Investigation Form to document:

- --Changes in case status
- --Isolation and/or quarantine
- --Monitoring of suspect case
- --History of hospitalization
- --Preventive or curative treatment
- --Complications and Deaths

Surveillance and Reporting – Department of Education

In a pandemic, enhanced surveillance of influenza cases is imperative to track the disease and to assist in making mitigation decisions. Notice of school closing, reopening or cancellation of activities will be publicized through local media, the district's web site and the district's information line. In Louisiana, the school superintendent or designee is charged with monitoring reportable diseases in schools and reporting to health authorities in accordance with law (previously cited).

V. Logistics Section

Process for Printing Educational Materials

Previous frameworks and plans have been completed, tested, evaluated by the Centers for Disease Control, and are ready for implementation.

Please refer to the State Strategic National Stockpile and appropriate supporting documentation for logistics around distribution to hospitals, parish health units, and other "points of dispensing" (or PODs)[xviii],[xix].

In addition, any printing coordination will occur within the State contracting and vendor process, under the perview of BMAC and with assistance from CCP.

VI. Security Section

Overview

During a public health emergency requiring dispensing medication or vaccine to the entire local population, security will play an essential role in efficient containment and mitigation.

The State SNS Plan, as previously mentioned, lists in detail the processes and mechanisms for maintaining positive control of the assets. In tandem with the State Plan, Regional OPH plans for inventory control, security, and dispensing are in place and are the reference for security operations, experts, and details. Please refer to the appropriate Regional OPH SNS plans as well as Regional/Local POD plans.

For local crowd control, local law enforcement will be responsible for traffic flow, maintaining perimeter control of the vaccination location, for immunization staff, and protecting antiviral assets.

Rules of Engagement for Law Enforcement Personnel

The rules of engagement for each officer assigned to the security detail will be consistent with each officer's parent department/agency and will be in compliance with State and federal rules for engagement. Regional law enforcement will be able to request additional resources through their standing procedures and in compliance with the parish OHSEP EOC guidelines. Law enforcement will use the continuum of force, as appropriate, per their training and certifications.

VII. Public Information Section

Overview

Education of the general public will be the cornerstone of the pandemic influenza NPI campaign.

The State of Louisiana has created a comprehensive Pandemic Influenza Communications plan, an Annex of the Louisiana Pandemic Influenza Guidance. This comprehensive communications plan has been developed and distributed to our local public health agencies in easily accessible "shelf-kit" format. The plan includes pre-scripted news releases, educational materials, public service announcements, signage, media lists and other materials necessary to effectively communicate strategies and health information prior to, and during a pandemic. In addition, several real-world events have contributed to refinement of this Guidance, including a meningitis outbreak as well as the 2009 H1N1 pandemic.

The communications plan includes different methods to issue critical information to the public about the pandemic flu outbreak and control measures using the mass media. Additional communication strategies for specific groups include using the Health Alert Network to communicate with health care providers, using the public and private school system to send detailed pre-pandemic and pandemic information about school closures and pandemic control measures, and the Louisiana Hospital Association to get information to hospitals, nursing homes, and long-term care facilities. Additionally, we have partnered with the Louisiana Chamber of Commerce to distribute pandemic information to businesses about the pandemic, workplace human resource policy during a pandemic, general workplace hygiene, etc.

In addition to the written plan, we have also developed a joint information process, at both the State, and local levels. This process includes standard operating procedures for staffing a JIC, as well as detailed job descriptions for those people who will be working in the JIC and the Department of Health and Hospitals Emergency Operations Center.

Using multiple and varied communication mechanisms to all communities of Louisiana using consistent messages will help inform our citizens and business communities as well as help them protect themselves during a pandemic. The entire communication plan, including the pandemic influenza shelf kit, is a complementary plan to this Guidance and developed in conjunction with the goals of containment and mitigation.

Spokesperson

The spokesperson for DHH in Louisiana is the State Health Officer (SHO). In addition, each of Louisiana's nine public health regions has a medical director who has been trained as a media spokesperson. Using the Pandemic Influenza Shelf Kit and materials developed and distributed by the CDC at the time of the pandemic, these individuals will serve as State and Regional spokespersons on NPI's in their communities. These individuals can also substitute for the SHO and each other in the event that some of them are out with illness. Details of pre-scripted messages, chain of command and authority can be found in the State Emergency Communications Plan, which is also an Annex of the Louisiana Pandemic Influenza Guidance.

Specific Mechanisms for Communication

Louisiana Emergency Assistance Hotline (LEAH)

Louisiana has a full partnership plan for the implementation and operation of an emergency/disaster hotline. The Louisiana Emergency Assistance Hotline (LEAH) serves as the Department of Health and Hospitals emergency/hotline during emergency situations, inclusive of a pandemic influenza. Currently, the State is utilizing regional triage lines for medical information dissemination and partners with the State's 2-1-1 system for general information dissemination. The two systems, however, are separate and are linked to each other through the verbal sharing of phone numbers. The State utilized this process very successfully during the recent H1N1 influenza epidemic (April 28, 2009 - May 28, 2009). Residents from across the State were able to call 2-1-1 for general information regarding school closures, health guidance and preventive health measures, and then if needed, given phone numbers for the triage lines through triage prompts. As an information source for all updates and all information delivered to the public, 2-1-1 utilized the Department's www.flula.com to ensure consistency and accuracy of information. The website featured and will continue to provide information regarding:

- When/Where to seek medical care?
- How to care for ill persons at home?
- How to protect family members if there is a sick person at home?

A Note About 211

We are currently testing a seamless integration of the State's regional triage lines with 2-1-1 by providing one number for all citizens to call that transfers them appropriately based on the information they are seeking (medical or general information).

Information Dissemination: The system is scalable and used to distribute health information, regional community information, and reference materials through automated messages and live persons. The system then directs the user, through a series of prompts, to the correct partner system for a person to person connection, if needed. LEAH is activated by the State Health Officer (SHO) using the guidance outlined in the State of Louisiana Emergency Communications Plan, in partnership with the Department of Health and Hospitals Joint Information Center. To ensure information consistency and accuracy the DHH Bureau of Media and Communications as well as other State agency communications staff will be jointly located at the State Joint Information Center (JIC). The public will receive information and education on the use of hotlines through media outlets prior to and during an emergency. An educational campaign will be conducted once the system is established to provide a redundant yet memorable message to Louisiana citizens.

Considering the State's successful history of staffing and activating the 2-1-1 system as well as regional triage lines, the transition to a seamless system will be easily achieved once technicalities are finalized. Currently, the State's 2-1-1 system is staffed by United Way organizations and the State's regional triage lines are staffed by public health nurses. Supplement staffing for both systems shall be provided through the State's emergency volunteer program – Louisiana Volunteers in Action (LAVA) – and the State's Medical Reserve Corps. The State is also investigating measures to augment regional hotlines by partnering with

the State's Poison Control Center. Prescripts and triage algorithms have been drafted by the *Pandemic Influenza Clinical Forum* to guide processes and information disseminated by staffers on the hotline.

Software Application

The State is currently planning to beta test the integration software application *Triage Logic*. Triage Logic is a web-based call center solution that will serve as a repository of health protocols and call management tool. The specialized triage software provides customizable solutions that the State is evaluating for joint implementation of LEAH. Workflow for the system is attached in Figure 3 "Telephonic Workflow", Section VIII. Supporting Documents.

State Clinical Epidemiology Hotline

During most emergencies and disasters, the State Epidemiology Department also activates the 1-800 clinician hotline. This hotline allows clinicians across the State to directly speak with an epidemiologist concerning triage, clinical questions, and also management questions based on the most current algorithms. This hotline number is staffed 24/7 by State physicians and epidemiologists. The number is distributed not only on all Health Alert Network (HAN) communications, but also through all of our medical associations, hospital/nursing home/EMS associations, and through our regional coordinator system. This system was also very successfully activated during the recent H1N1 outbreak.

Health Alert Network (HAN)

The LA-HAN is a communication network that, in the event of a public health emergency, vital health information and education about the incident is channeled efficiently around the State to doctors, paramedics, hospitals, laboratories, public safety officials, and the media or representatives for the general public. The HAN messaging is distributed primarily through a fax blast system (a network of faxes integrated into the DHH OPH e-mail system and can be triggered via e-mail and/or web processes). Initiation of the use of this system is primarily through the DHH OPH office.

Messages

Public information materials for influenza have been developed by DHH in order to hasten response to a pandemic threat. General information has been provided for pre-event preparedness in the Louisiana Family Readiness Guide[xx]. In addition, multiple media interviews with televisions and newspapers have been given, in addition to messages being pushed to the public via www.fightttheflula.com. The DHH Public Information Officer (PIO) has the ultimate authority and responsibility for all media communications and content.

Prepared information has been developed and printed by DHH and includes:

- Sample advertisements, media alerts, and media advisories
- Agent-specific information sheets (utilized for specific events, based on agent)
- Precautionary measures for reduction of viral infection

- Public announcements will not be made that direct the public to the dispensing sites; only campaigns with instruction for seeking medical attention will occur

Targeted Messages – Department of Education

We have partnered with many groups, agencies, and organizations to help facilitate community mitigation efforts. As school closures are a cornerstone of the community mitigation strategy, we have a very close partnership with the Department of Education, who helped us recommend, monitor, and reopen ten schools in Louisiana during the spring 2009 H1N1 epidemic. In this partnership, we also co-developed the "Pandemic Influenza Guide for Educators," which was distributed to all school superintendents during the spring of 2009.

The Louisiana Department of Education has developed a communication system for the exchange of information between the district and staff, students, parents and others when schools are closed. The system will be used to monitor the health of students and staff, deliver instruction and support services and to provide health and other appropriate information. The system will include a variety of methods such as Internet, digital answering machines, email and traditional mail, fax, etc. and designate individuals responsible for receiving and compiling information received. During a school closing, the school nurse will be responsible for compiling data relating to the health of individuals. The nurse will be responsible for appointing and training a staff member to receive and compile this health information in situations where the nurse in unavailable. If possible, another nurse will be selected before any non-medical personnel are used. Other staff members will be involved as necessary to monitor the health and academic progress of students and other staff members.

- http://pandemicflu.gov/professional/school/
- http://www.ed.gov/admins/lead/safety/emergencyplan/pandemic/planning-guide/index.html

Demobilization of Messaging Tactics

The State of Louisiana will use the guidance and assistance of the Centers for Disease Control and Prevention, along with the guidance in the Pandemic Severity Index to indicate when non-pharmaceutical Interventions can be scaled back or are no longer needed as part of our response to a Pandemic. Specific Interventions in each category will be reduced or discontinued based on the best scientific and epidemiologic evidence defined by the Category and phase of the Pandemic.

VIII. Supporting Documentation

Figure 1: Pandemic Severity Index

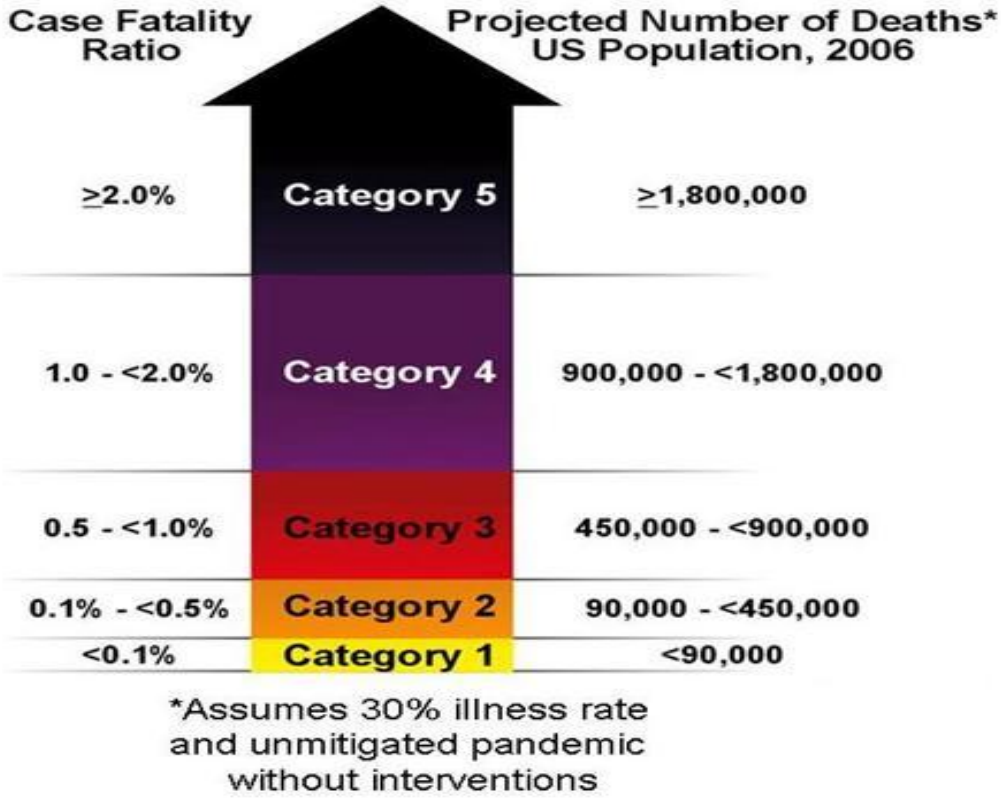
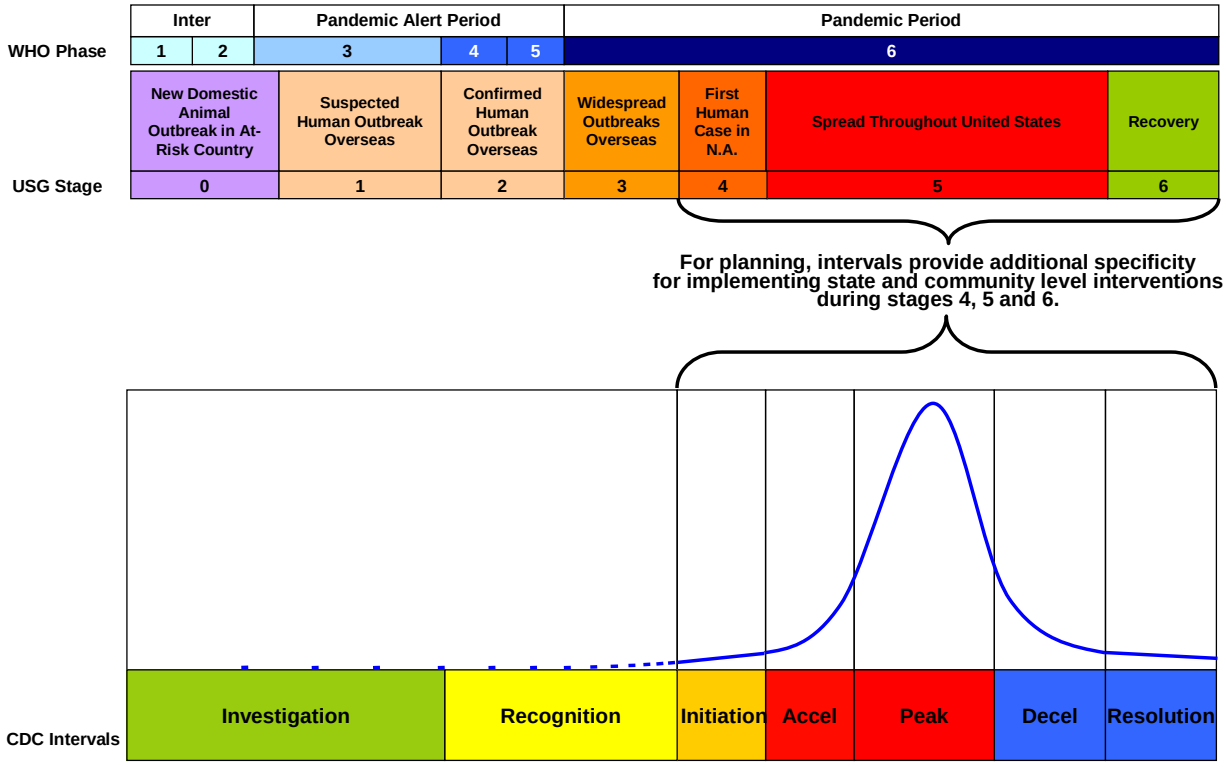


Figure 2: Periods, Phases, Stages, and Intervals



Pre- Pandemic Intervals

- Investigation
- Recognition

Pandemic Intervals

- Initiation
- Acceleration
- Peak Transmission
- Deceleration
- Resolution

Figure 3: Telephonic Workflow

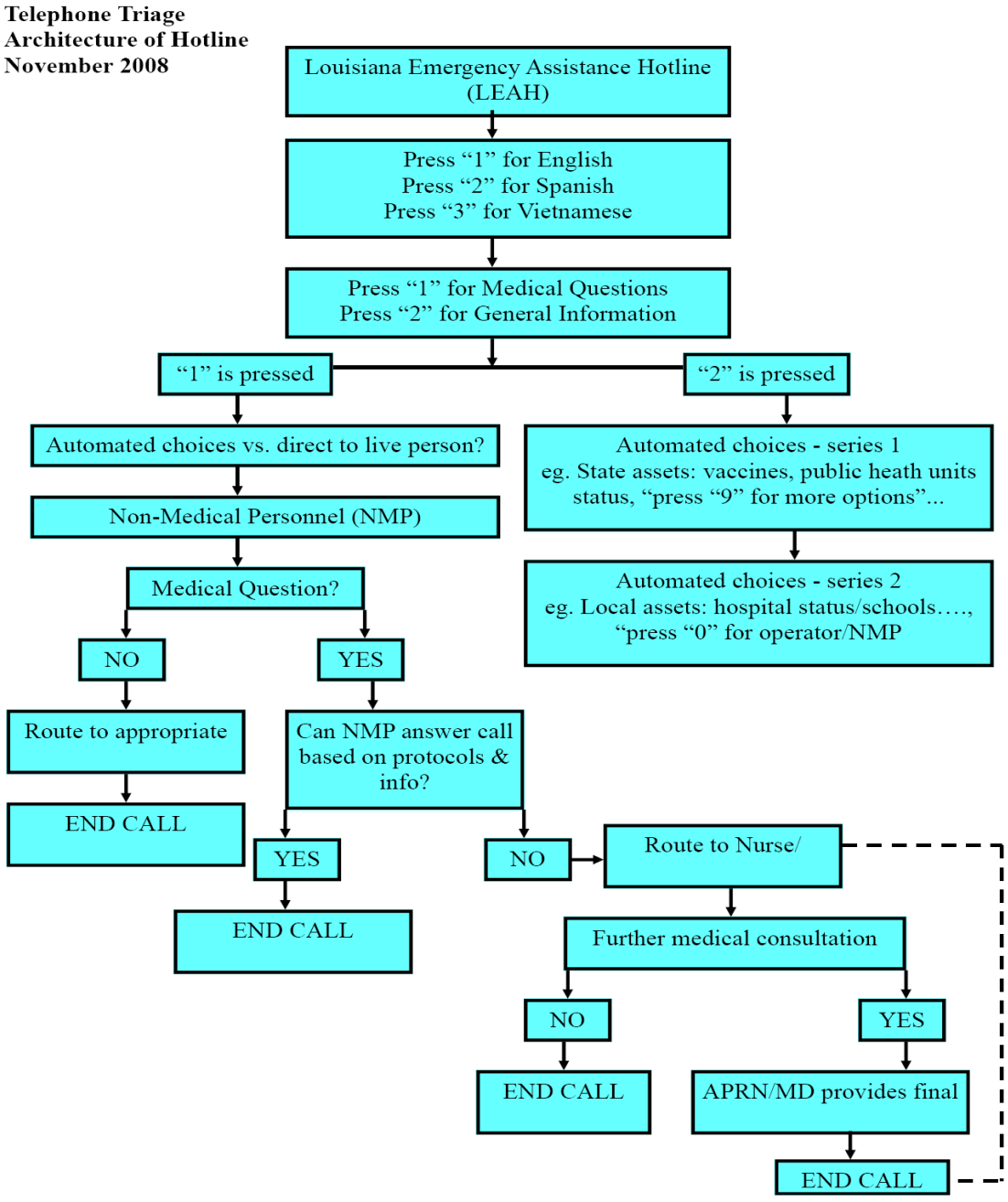


Table 1: CDC Summary of Community Mitigation Strategy by Pandemic Severity

Interventions* by Setting	Pandemic Severity Index 1	2 and 3	4 and 5
Home			
Voluntary isolation of ill at home (adults and children); combine with use of antiviral treatment as available and indicated	Recommend†§	Recommend†§	Recommend †§
Voluntary quarantine of household members in homes with ill persons¶ (adults and children); consider combining with antiviral prophylaxis if effective, feasible, and quantities sufficient	Generally not recommended	Consider **	Recommend **
School **Child social distancing**			
-dismissal of students from schools and school based activities, and closure of child care programs	Generally not recommended	Consider: ≤4 weeks††	Recommend: ≤12 weeks§§
-reduce out-of school social contacts and community mixing	Generally not recommended	Consider: ≤4 weeks ††	Recommend: ≤12 weeks§§
Workplace / Community **Adult social distancing**			
-decrease number of social contacts (e.g., encourage teleconferences, alternatives to face-to-face meetings)	Generally not recommended	Consider	Recommend
-increase distance between persons (e.g., reduce density in public transit, workplace)	Generally not recommended	Consider	Recommend
-modify, postpone, or cancel selected public gatherings to promote social distance (e.g., stadium events, theater performances)	Generally not recommended	Consider	Recommend
-modify work place schedules and practices (e.g., telework, staggered shifts)	Generally not recommended	Consider	Recommend

Generally Not Recommended = Unless there is a compelling rationale for specific populations or jurisdictions, measures are generally not recommended for entire populations as the consequences may outweigh the benefits.
Consider = Important to consider these alternatives as part of a prudent planning strategy, considering characteristics of the pandemic, such as age-specific illness rate, geographic distribution, and the magnitude of adverse consequences. These factors may vary globally, nationally, and locally.
Recommend = Generally recommended as an important component of the planning strategy.
*All these interventions should be used in combination with other infection control measures, including hand hygiene, cough etiquette, and personal protective equipment such as face masks. Additional information on infection control measures is available at www.pandemicflu.gov.
†This intervention may be combined with the treatment of sick individuals using antiviral medications and with vaccine campaigns, if supplies are available
§Many sick individuals who are not critically ill may be managed safely at home
¶The contribution made by contact with asymptomatically infected individuals to disease transmission is unclear. Household members in homes with ill persons may be at increased risk of contracting pandemic disease from an ill household member. These household members may have asymptomatic illness and may be able to shed influenza virus that promotes community disease transmission. Therefore, household members of homes with sick individuals would be advised to stay home.
**To facilitate compliance and decrease risk of household transmission, this intervention may be combined with provision of antiviral medications to household contacts, depending on drug availability, feasibility of distribution, and effectiveness; policy recommendations for antiviral prophylaxis are addressed in a separate guidance document.
††Consider short-term implementation of this measure—that is, less than 4 weeks.
§§Plan for prolonged implementation of this measure—that is, 1 to 3 months; actual duration may vary depending on transmission in the community as the pandemic wave is expected to last 6-8 weeks.

Appendix 1: Footnotes and References

[i] World Health Organization. Recommended Use of Antivirals, Briefing Note 8. August 21, 2009. (http://www.who.int/csr/disease/swineflu/notes/h1n1_use_antivirals_20090820/en/index.html)

[ii] Centers for Disease Control. Antiviral Information and Guidance. September 23, 2009. (http://www.cdc.gov/h1n1flu/antiviral.htm)

[iii] Harper SA, Bradley JS, Englund JA, et al. Infectious Diseases Society of America Guidelines. Seasonal Influenza in Adults and Children—Diagnosis, Treatment, Chemoprophylaxis, and Institutional Outbreak Management: Clinical Practice Guidelines of the Infectious Diseases Society of America. Clinical Infectious Diseases 2009;48:1003–1032. (http://www.idsociety.org/content.aspx?id=9202#flu).

[iv] CDC Interim Guidance for Infection Control for Care of Patients with Confirmed or Suspected Novel Influenza A (H1N1) Virus Infection in a Healthcare Setting. May 13, 2009. (http://www.cdc.gov/h1n1flu/guidelines_infection_control.htm).

[v] CDC Using Antiviral Medications to Control Influenza Outbreaks in Institutions. (http://www.cdc.gov/flu/professionals/infectioncontrol/institutions.htm).

[vi] Antiviral Agents for Seasonal Influenza: Side Effects and Adverse Reactions. MMWR: Prevention and Control of Influenza: Recommendations of the Advisory Committee on Immunization Practices (ACIP), 2008 MMWR August 8, 2008 / 57(RR07);1-60. (http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5707a1.htm).

[vii] Seasonal Influenza in Adults and Children—Diagnosis, Treatment, Chemoprophylaxis, and Institutional Outbreak Management: Clinical Practice Guidelines of the Infectious Diseases Society of America. (http://www.idsociety.org/content.aspx?id=9202#flu).

[viii] Prevention and Control of Influenza: Recommendations of the Advisory Committee on Immunization Practices (ACIP), 2008. (http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5707a1.htm).

[ix] State of Louisiana Emergency Operations Plan, June 2007 (http://www.ohsep.louisiana.gov/plans/EOP.pdf) with amendments a) Executive Order BJ 08-32 - Emergency Operations Plan (http://www.ohsep.louisiana.gov/proclamations/exorder200832.htm) and b) Executive Order BJ 08-94, Amendment to Executive Order No. BJ 08-32- Emergency Operations Plan (http://www.ohsep.louisiana.gov/proclamations/exorder200832_amendment.htm)

[x] United States Department of Homeland Security, Federal Emergency Management Agency, National Response Framework, January 2008. (http://www.fema.gov/pdf/emergency/nrf/nrf-core.pdf)

[xi] DHH OPH Organizational Chart. Last updated 03/2009. (http://www.dhh.louisiana.gov/offices/publications/pubs-1/OPH%20Org%20for%20Website.pdf)

[xii] NIMS ICS template forms comprising IAP. (http://www.fema.gov/emergency/nims/JobAids.shtm)

[xiii] CDC. (www.pandemicflu.gov/plan/community/maskguidancecommunity.html). September 2009.

[xiv] Public Health Service Act. Section 361. (42 U.S.C. 264), as amended.

[xv] CDC. Interim Guidance on Environmental Management of Pandemic Influenza Virus, 2009. (http://www.flu.gov/professional/hospital/influenzaguidance.html).

[xvi] Louisiana Emergency Powers Act, 2003. R.S. 29:766 (d) (2), (4)-(5). (http://law.justia.com/louisiana/codes/13/13.html).

[xvii] Louisiana State Administrative Code, June 2004, Public Health Sanitary Code (51), Part 2: The Control of Diseases. §117 (C). (http://doa.louisiana.gov/osr/lac/51v01/51v01.pdf).

[xviii] Louisiana Strategic National Stockpile Acquisition and Dispensation Plan; rev. June 25, 2009.

[xix] Louisiana DHH Points of Dispensing Operations Manual Draft, June 2009.

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